



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 4729

<b>SERIAL NUMBER</b> 09/726,296	<b>FILING DATE</b> 11/30/2000 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2876	<b>ATTORNEY DOCKET NO.</b> PRT-007
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**APPLICANTS**  
Henry N. Holtzman, West Roxbury, MA;  
Craig Wisneski, Cambridge, MA;  
Patricia S. Robertson, Lexington, MA;  
Blaze Stancampiano, Portsmouth, NH;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/161,392 10/26/1999  
AND CLAIMS BENEFIT OF 60/190,994 03/21/2000  
AND CLAIMS BENEFIT OF 60/163,150 11/02/1999  
AND CLAIMS BENEFIT OF 60/163,311 11/03/1999  
AND CLAIMS BENEFIT OF 60/164,234 11/08/1999  
AND CLAIMS BENEFIT OF 60/235,174 09/25/2000  
AND A CIP OF 09/539,768 03/31/2000 *TWEEL JR.*  
AND A CIP OF 09/615,452 07/13/2000 *up 7/20/01*  
WHICH CLAIMS BENEFIT OF 60/144,145 07/16/1999  
THIS APPLICATION 09/726,296 11/30/2000  
IS A CIP OF 09/696,663 10/25/2000 *my 6/20*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 01/18/2001**

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
021323

**TITLE**  
Method and system for computerized form completion

<b>FILING FEE RECEIVED</b> 422	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____

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